

LO9 000003757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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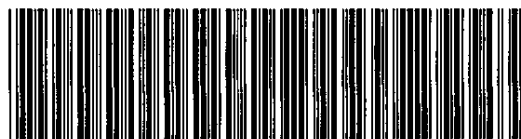
(Business Entity Name)

(Document Number)

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T. CLINE

OCT 15 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lucky Dollar Vending, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DELROY COWAN
Name of Person

Firm/Company

404 NW 68th AVE, #503
Address

PLANTATION, FL. 33317
City/State and Zip Code

DELROY.COWAN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DELROY COWAN at (705) 345-6825
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Lucky DOLLAR VENDING, LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/12/2009 and assigned
Florida document number L09000003757

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6941 SUNSET STRIP
SUNRISE, FL. 33313

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6941 SUNSET STRIP
SUNRISE, FL. 33313

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	CARDINA RODRIGUEZ	6941 SUNSET STRIP SUNRISE, FL. 33313	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MANUEL JAVIER RODRIGUEZ	6941 SUNSET STRIP SUNRISE, FL. 33313	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ERNESTO F. SCHWEINBURGER	6941 SUNSET STRIP SUNRISE, FL. 33313	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MYRIAM PESQUERA	6941 SUNSET STRIP SUNRISE, FL. 33313	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DELOY COWAN	19500 E. ST. ANDREWS DX. MIAMI, FL. 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	EARLE COWAN	19500 E. ST. ANDREWS DX. MIAMI, FL. 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 9, 2012


Signature of a member or authorized representative of a member

DELOY COWAN
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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